

Antelope Valley Air Quality Management District

43301 Division Street, Suite 206, Lancaster, CA 93535 661.723.8070 • FAX 661.723-3450 www.avaqmd.ca.gov

AVAQMD Rule 461 Testing Notification Form

Гoday's Da	te:		_					
Facility Information:		AVAQMD Co#_	Fac. #			ATC / PTO #		
Nam	e:							
Site	Address	s:	Street			City	State Zip	
Site	Contact	+ Darson					ity State Zip ite Phone:	
Festing Cor						SILC I IIO	ме.	
Nam	_ ,							
one rudiess.			Street			City	State Zip	
Testi	ng Pers	on: _		Phone:	Phone:		Fax:	
Reported By:				Phone:			Fax:	
Γest Inform	ation:	Test I	Date: Te	est Time:			10-day Prior Notice - Yes or No	
Scheduled		TP # 201.3 201.3c 201.4	Test Leak Decay Tie Tank Test Dynamic Back Pressure	Scheduled	P/F	201.1b 201.1c 201.1d	StaticTorque of Rotatable Phase I Adaptors Leak Rate of Drop Tube/Drain Valv Assembly Leak Rate of Drop Tube Overfill	
		201.5	Air/Liquid Ratio			201.1e	Prevention Device & Drain Valve Leak Rate and Cracking Pressure of	
	++	201.6c	Liquid Removal Rate*	+			Pressure/Vacuum Vent Valves	
	_		n hose loop is greater than 10 Date / Time		ceiv	ed By:		
Notifi	cation by	: Phon	ne: Fax:	Mail:		Other: _		